## **ANNUAL STATEMENT**

For the Year Ending December 31, 200\_\_\_

Of the condition and affairs of the	Mutual Fire Insurance Company
of	, in the State of New Hampshire, made to the Insurance
Commissioner in pursuance of the laws of said S	tate.
Incorporated,, 19	, 19
President,	P.O. Address
Secretary,	P.O. Address
Treasurer,	P.O. Address
	DIRECTORS
P.O. Address,	, P.O. Address,
	, P.O. Address,
	I.
1. Ledger assets (as per balance) December 3	1 of previous year*\$
	II-INCOME.
2. Gross cash premiums on all business writter	during the year*:\$
3. Deduct return premiums	
4. Total net premiums written	\$
5. Assessments actually received without dedu	ction for commissions or expense:
(a) On current year's assessments	<u>\$</u>
(b) On previous year's assessments	<u>\$</u>
6. Total assessments received	\$
7. Policy fees as written in policies issued durin	g the year***\$
8. Total paid by policy-holders	<b>\$</b>
9. Gross interest and rents from all sources (g	ive items and amounts):
10	\$
11	<u> </u>
12	<u>'</u>
13. Total interest and rents	
14. Money borrowed during year (gross)	
15. From all other sources, viz. (give items and a	amounts):
16	<u> </u>
17	<u> </u>
18	<u> </u>
19. Total income during year	<u>\$</u>
20. Total (sum of lines 1 and 19)	<u>\$</u>
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<sup>\*</sup> This amount should agree with the amount on page 2, line 28, of last year's statement.

\*\* Include premiums as written in policies issued, extra premiums, charges for permits, etc.

\*\*\* Policy fees should be accounted for, whether they are actually received by the company or not.

Page 2		
III,-DISBURSEMENTS		
1. Paid for losses (including \$ occurring in previous years)	\$	
2. Expenses of adjustment and settlement of losses		
3. Agent's commissions on premiums\$		
4. Policy fees retained by agents		
5. Total paid agents (lines 3 and 4)		
6. Paid for making assessments\$		
7. Paid for collecting assessments		
8. Total expense of making and collecting assessments (lines 6 and 7)		
9. Officers and employees, services *\$; fees, \$		
10. Borrowed money repaid, \$; interest paid, \$		
11. Insurance department fees		
12. Rent, \$; Taxes, \$; Advertising, \$	I -	
Printing and stationary, \$; Postage, Telegraph, telephone and express, \$		
13. All other disbursements (give items and amounts):		
14	<u>-</u>	
15	<u>-</u>	
16	<u> </u>	
17. Total disbursements		\$
40 Palance difference between lines 00 lines 4, and 47 Page 0		
18. Balance, difference between lines 20, line 1, and 17, Page 2		\$
IVLEDGER ASSETS		
19. Cash in company's office**\$		
19. Cash in company's office**\$  20. Cash in banks (give names and amounts):		
19. Cash in company's office**\$  20. Cash in banks (give names and amounts):  21		
19. Cash in company's office**\$	\$	
19. Cash in company's office**\$  20. Cash in banks (give names and amounts):  21	\$	
19. Cash in company's office**\$  20. Cash in banks (give names and amounts):  21	\$	
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19. Cash in company's office**\$  20. Cash in banks (give names and amounts):  21	\$	
19. Cash in company's office**\$  20. Cash in banks (give names and amounts):  21	\$	

<sup>\*</sup>Not including amount returned in any other item.

<sup>\*\*</sup>Include cash in hand of secretary and treasurer, not deposited.
\*\*\*This amount must agree with line 18, this page.

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Page 3		
DEDUCT ASSETS NOT ADMITTED		
Total unpaid assessments, (this amount should be approved at Annual Meeting)	\$	
Total unpaid premiums, (this amount should be approved at Annual Meeting)	\$	
3. Furniture and fixtures		
4. Other items		
5		
6. Total non-admitted		\$
7. Total admitted assets (line35, Page 2, less line 6, this page)		\$
Losses adjusted and unpaid		
9. Losses reported, not adjusted (estimated)	\$	1
10. Losses resisted.		
11. Total unpaid losses as per schedule A		<b>-</b> \$
12. Due for borrowed money: Principal. \$; Interest, \$		*
13. Due officers and employees: Services, \$		
14. All other liabilities, viz:		
15. Reserve for collection of assessments		
16. Surplus		-
		Φ.
17. Total Liabilities and Surplus		\$
GENERAL ITEMS.	Amount Insured	Face Value of Premium N
18. Policies in force Dec. 31,, as shown by your last annual report to the Insurance Commissioner		\$
19. Policies written and renewed during the year		
20. Total	\$	\$
21. Deduct policies expired, canceled or terminated during the year		
22. Policies in force Dec. 31,	\$	\$
23. Deduct amount of payment for premiums or assessments on premium notes	xxxxxxxxxx	
24. Balance due on premium notes	xxxxxxxxxx	\$
·		
25. Losses incurred during the year, \$; Largest sum insured in a sing	gle risk, \$	
26. Assessments levied on premium notes during the year, \$		
27. Date of last assessment,; Amount collected, \$	; Basis for last assessment	
28. Period covered by last assessment,; Amount of losses incurred for which	a last assessment was made, \$	
29. What per cent of the amount insured is the premium note?; What per cent of the	he premium note is the cash premiu	m?
30. Are policy premiums and assessments listed on premium note as required?; A	mount of policy fee, \$	
31. How is policy fee disposed of?		
State of New Hampshire ) ) ss.		
County of)		
The Undersigned,		, President,
and, Secretary, and	above described officers of said con Liabilities, Income and Expenditures	mpany, and that the s, and of the general
, and the same grand, managed ordered to the same and the		President
		_
0.1		_Treasurer
		<u>*</u>
Before me,		
	Justice of the Peace/Notary Public	_
	Justice of the Peace/Notary Public	_

## SCHEDULE A.

Unpaid Losses December 31,

1		Unpaid Losses	Date Proofs Were	<del>_</del>	
Date of Loss.	Name of Insured.	Location of Loss.	Filed	Amount.	Why unpaid.
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				\$	
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otai (Siloulu a	gree with item 11, pat	ye <i>3)</i>			
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SCHEDULE B.
Notes, Bonds and Other Securities Owned December 24

Notes, Bonds and Other Securities Owned December 31,           Description.         Rate of         Year of         Book Value.         Par Value.         Rate.         Actual Cost.						
Description.	Rate of		Book Value.	Par Value.	Rate.	Actual Cost.
	Interest.	Maturity.			Market Value	
			\$	\$	\$	\$
Totals			\$	\$	\$	\$